

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

STD. 262 (REV. 10/92)

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CLAIMANT'S NAME Michael Picker		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Governor's Office/CPUC Exec	
POSITION Senior Advisor to the Governor		CB/ID NUMBER		DIVISION OR BUREAU	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS Office of the Governor, State Capitol		INDEX NUMBER	
CITY Sacramento		STATE CA		ZIP 958914	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
20-Jan		Sacramento						24.00			0.00		24.00
24-Jan		Sacramento						158.70			0.00		158.70
24-Jan		Burbank				18.10 21.77					0.00		18.10 21.77
24-Jan		Barstow	125.10								0.00		125.10
25-Jan		Blythe	119.10								0.00		119.10
26-Jan		Ontario						158.70			0.00		158.70
28-Jan		Burbank/return						275.40			0.00		275.40
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			244.20	0.00	0.00	21.77	24.00	592.80	0.00	0.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$882.77	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)		NORMAL WORK HOURS	
Site visits in desert, CEC hearing in Blythe			
DWP stakeholder meeting in Los Angeles with Commissioner Peevey		PRIVATE VEHICLE LICENSE NUMBER	
		MILEAGE RATE CLAIMED	
		0.445	
I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 . pertaining to vehicle safety and seat belt usage.		AGENCY ACCOUNTING OFFICE USE ONLY	
		PAID BY REVOLVING FUND CHECK NUMBER	
CLAIMANT'S SIGNATURE	DATE 2/1/10	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 2/2/10
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES		DATE	